

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Lucie		2-7-13-0
O.I.P.E. CLASSIFIER			2-2-0
FORMALITY REVIEW	M.B.	954	8/27/01
RESPONSE FORMALITY REVIEW	M.H.	625	10-18-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9 12 12
2	03 24 12
3	02 03 03
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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